

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0163 Expires 11-30-2006

This report is manufactory under P.L. 86-257, as amounted. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Colo Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THE REPORT.

1. File Number U 25993	2. Fiecel Year Covisred From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filling.	4. Name, file number, and address of labor organization.			
Masse DONALD IN WINKLE JE	Name IVEC Local 14			
	Labor Organization File Number [035,-03]			
P.O. Box, Bidg., Room No., If any Suite	P.O. Box, Building and Room Number, if any SU1705			
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Cay BUFFALD	Chy Bustalo			
Same NY ZEP Code +4 (-1-7-5-5-)	State NY ZIP Code +4 (425			
5. Position in labor organization. BUSINESS Representative FUTY				
Enter appropriate data below it, during the past flocal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an amployer whose employees your organization represents or is actively seeking to represent.				
	The state of the s			
6. Name and address of Employer (माटीमर्वेशनु trade name, में बाग्र).	7.a. Nature of Interest, Transaction, or Income.			
Name	7,a. Nature of interest, I fairstaction, or exxime.			
	7.a. Nature of Interest, I rainstation, or exame.			
Name				
Name Trade Name, if any:	7.b. Amount.			
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street				
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City				
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street				
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZDP Code + 4	7.b. Amount.			
Name Trade Name, if any: P.O. Box, Bidg., Rnom No., if any Street City State ZDP Code + 4 Stage 15. Signisture and verification. The undersigned declares, under penalty of	7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the sepretory and is, to the best of the			
Name Trade Name, if any: P.O. Box, Bidg., Rnom No., if any Street City State ZIP Code + 4 Stgr 15. Stgrasture and verification. The understgrad declares, under penalty of submitted in this report (including the information contained in any accompany	7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing	File Number U-		
Heid on Interest in or derived income or economic bandit with monetary value from a business (1) a substantial part of which consists of buying from, spling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization expresents or is actively sesting to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, Many). Name Elevator Industry Work Preservation Fund Trade Name, Many: EIWPP P.O. Box, Bidg., Room No., Many Street 12914 Erlene Drive	9. Business deals with: a. Labor Organization b. Trust c. Entployer		
City Chester State Virginia ZIP Code +4 23931			
10, if 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	Per direction of the U.S. DOL OLMS, Part B includes transactions including reimburgement of valid expenses by a trust in which a labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.		
Street City Stone 2IP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. The amount in 12b includes expenses paid by the filer and reimbursed to the filer by the RIWPF and/or expenses paid by the RIWPF related to the filer's attendance for business of the EIWPF.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Lebor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., If any			
Street City State ZIP Code + 4			
13.b. is the Business on Employer 0° Contaitant 7	14.0. Алгоний об разуляний.		

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